NeuroSurgical Research Foundation

#### A. Application Form and Project Outline 2018

#### of non-Adelaide based Applicant

**1. Project Title** *(Brief, precise and informative to persons outside your field.)*

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**2. Project Category**

**General neurosurgical research Paediatric neurosurgical research**

**3. Chief Investigators**

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| **Name (Chief Investigator A):** | | | | |  | |  | |
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| **Title:** | | | | |  | |  | |
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| **Qualifications:** | | | | |  | |  | |
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| **Department/Unit:** | | | | |  | |  | |
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| **Address** | | | | |  | |  | |
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| **Email address:** | | | | |  | |  | |
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| **Telephone:** | | | | |  | **Fax:** |  | |
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| **Position currently held:** | | | | |  | |  | |
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| **Source of Salary Support in 2017:** | | | | | | | | |
|  |  | **Central University/Institute/Hospital Support** | | | | | | |
|  |  | **Other (eg, research grants, donations, consultancies, services funds, etc.)** | | | | | | |
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| **Anticipated absence/s:** type & dates | | | | |  | |  | |
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| **Time commitment:** | | |  | (Number of days to be spent on **this** project out of a maximum of 21 working days per month available for all activities) | | | |  |
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| **Name (Chief Investigator B):** | | | | |  | |  | |
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| **Title:** | | | | |  | |  | |
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| **Qualifications:** | | | | |  | |  | |
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| **Department/Unit:** | | | | |  | |  | |
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| **Address** | | | | |  | |  | |
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| **Email address:** | | | | |  | |  | |
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| **Telephone:** | | | | |  | **Fax:** |  | |
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| **Position currently held:** | | | | |  | |  | |
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| **Source of Salary Support in 2017:** | | | | | | | | |
|  |  | **Central University/Institute/Hospital Support** | | | | | | |
|  |  | **Other (e.g., research grants, donations, consultancies, services funds, etc.)** | | | | | | |
|  | | | | | | | | |
| **Anticipated absence/s:** type & dates | | | | |  | |  | |
|  | | | | | | | | |
| **Time commitment:** | | |  | (Number of days to be spent on **this** project out of a maximum of 21 working days per month available for all activities) | | | |  |
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4. Other Participants

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| --- | --- | --- | --- |
| Title and Name | Institution | Role  (CI, AI) | Time  Commitment |
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5. Current research supportfor non-Adelaide based CIA or CIB

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| Source of support | Title of project | Time  commitment | Current funding  $ |
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6. Applications for research support currently pending for non-Adelaide based CIA or CIB

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| --- | --- | --- | --- |
| Source of support | Title of project | Time  commitment | Requested  $ |
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**7. Relationship of support requested in this application to existing research support and that requested currently from other bodies -** specify why existing support cannot be utilised to support the research proposed in this application.

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**8. Scientific referees.** List two referees who could provide an expert opinion if requested to do so.

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| **Name (Referee 1):** |  | |  |
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| **Title:** |  | |  |
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| **Department/Unit:** |  | |  |
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| **Name (Referee 2):** |  | |  |
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| **Title:** |  | |  |
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| **Department/Unit:** |  | |  |
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| **Address** |  | |  |
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**9. Ethical review** - indicate where ethical review (human and/or animal) was or is to be sought for the studies in this proposal. Please note that ethical clearance must be obtained before the start of the research donation.

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| **10. Budget information** | | | |  |  | |
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| **Detailed budget items** | | **Priority** | | | Amount Requested |
|  | | (A, B, C) | | | **2000** |
|  | |  | | | (whole dollars only) |

**11. Financial summary**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Support requested | Personnel  $ | Equipment  $ | Maintenance  $ | Travel  $ | Vessel/etc.  $ | Other  $ | Total  $ |
| **2017** |  |  |  |  |  |  |  |

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| **12. Justification of the budget** |

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**13. Project outline** – include a Background, Hypotheses and Aims, Research Methods and Materials, and finally Significance (**LIMIT of 3 Pages**).

**14. Certification**

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| **I / We certify that all the details on this form are correct and complete.** |
| **I / we understand and agree that:** |
| 1. research which involves human and or animal experimentation must be carried out in accordance with the guidelines laid down in the NHMRC Codes of Practice. |
| 1. research which involves the use of recombinant nucleic acid constructed *in vitro* from sources which do not ordinarily recombine genetic information must be carried out in accordance with the guidelines laid down by the Recombinant DNA Monitoring Committee; |
| 1. research which involves the use of ionising radiation must have the risks involved assessed by a recognised Ethics, Safety or Biosafety Committee, and personnel must be trained and hold a current licence, as appropriate; and |
| 1. a certificate of compliance with appropriate guidelines must be received from a recognised Ethics, Safety or Biosafety Committee before payment of any proposed research donation can be made. |

I authorise ............................................................................................................… (insert name)

to sign all subsequent documentation relating to this application on my behalf.

**Signatures of Chief Investigator A and B**

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| --- | --- | --- | --- |
|  | Chief Investigator A’s signature |  | Date |
|  |  |  | / / |

|  |  |  |  |
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|  | Chief Investigator B’s signature |  | Date |
|  |  |  | / / |

**Certification by CIA Head of Department/School**

I certify that appropriate general facilities will be available in my Department/School to the applicant if successful and that the project will be carried out strictly in accordance with NH&MRC Ethical and Scientific Guidelines. Sufficient working and office space is available for any proposed additional staff. I am prepared to have the project carried out in my School in accordance with the application.

I have noted the amount of time that the investigator/s will be devoting to the project and certify that it is appropriate to existing workloads.

Comments (Heads of Department/School have a duty to comment on any anomalous aspects of the application).

* ***Please submit one original***
* ***by Monday 1st October 2018***
* ***Neurosurgical Research Foundation***

***email: ginta.orchard@nrf.com.au***

***post: NRF, PO Box 698, North Adelaide, SA 5006***

|  |  |  |  |
| --- | --- | --- | --- |
|  | Signature |  | Date |
|  |  |  | / / |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name |  | Position |
|  |  |  |  | |

#### B. Previous Research Activity and Achievements

#### of non-Adelaide based Applicant

*Note: This information is only required for the CI that is not based in Adelaide.*

1. **Previous research support** – this should be itemised for the last six years, giving the same information as for current research support, including details of original papers arising from these grants.
2. **Publications of applicant** – please list the five most relevant publications, plus a summary of other journal publications over the preceding five years. Abstracts should not be listed.
3. **Curriculum Vitae** – please provide the CV of the Chief Investigator.